

| | | | | | |
|--|--|--|---|---------------------|--|
| ADMINISTRATIVE | AGENCY NAME Hamilton Ohio Police Department | | INCIDENT NUMBER 19-196164 | | |
| | CALL NUMBER 19-197855 | | *CLEARANCES | | |
| | TOD 12:56:43 AM | | A <input type="checkbox"/> Death of Suspect G <input type="checkbox"/> Arrest - Juvenile | | |
| | TOA 1:00:34 AM | | B <input type="checkbox"/> Prosecution Declined H <input type="checkbox"/> Warrant Issued | | |
| TOC | | C <input type="checkbox"/> Extradition Denied I <input type="checkbox"/> Invest. Pending | | | |
| <input type="checkbox"/> INCIDENT (NON-CRIMINAL) | | D <input type="checkbox"/> Victim Refused to Coop. J <input type="checkbox"/> Closed | | | |
| <input checked="" type="checkbox"/> OFFENSE | | E <input type="checkbox"/> Juvenile/No Custody K <input type="checkbox"/> Unfounded | | | |
| | | F <input type="checkbox"/> Arrest - Adult U <input type="checkbox"/> Unknown | | | |
| OHIO UNIFORM INCIDENT REPORT PART 1 | | | | | |
| MONTH DAY YEAR TIME | | MONTH DAY YEAR TIME | | MONTH DAY YEAR TIME | |
| 10 11 2019 12:53:00 | | 10 11 2019 12:20:00 | | 10 11 2019 12:50:00 | |
| INCIDENT LOCATION (Street, Apt., City, State, Zip) 717 BUCKEYE ST HAMILTON OH 45011 | | | | | |
| *OFFENSE | | | | | |
| 1. ASSAULT | | | | | |
| 2. FELONIOUS ASSAULT | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| *OFFENSE CODE *A/C F/M & DEGREE *HATE/BIAS *LARCENY *TYPE CRIMINAL ACTIVITY | | | | | |
| 1. 2903.13 C N N 1. 2. 3. (Enter up to three for each offense) | | | | | |
| 2. 2903.11 C N N 1. 2. 3. B- BUYING/RECEIVING | | | | | |
| 3. 1. 2. 3. C- CULTIVATING/MFG./PUB. | | | | | |
| 4. 1. 2. 3. D- DISTRIBUTING/SELLING | | | | | |
| 5. 1. 2. 3. E- EXPLOITING CHILDREN | | | | | |
| 1. 2. 3. O- OPER/PROMOTING/ASSIST. | | | | | |
| 1. 2. 3. P- POSSESSING/CONCEALING | | | | | |
| 1. 2. 3. T- TRANSP/TRANSMITTING | | | | | |
| 1. 2. 3. U- USING/CONSUMING | | | | | |
| 1. 2. 3. G- OTHER GANG ACTIVITY | | | | | |
| N- NO GANG ACTIVITY | | | | | |
| *LOCATION OF OFFENSE (Enter up to three) | | | | | |
| 1. 47 2. 12 Jail/Prison RETAIL 41 Factory/Mill/Plant | | | | | |
| 3. 13 Parking Garage 26 Bar 42 Other Building | | | | | |
| 4. 14 Other Public Access Buildings 27 Buy/Sell/Trade Shop | | | | | |
| RESIDENTIAL STRUCTURE 28 Restaurant OUTSIDE | | | | | |
| 01 Single Family Home 29 Gas Station 43 Yard | | | | | |
| 02 Multiple Dwelling 30 Auto Sales Lot 44 Constuction Site | | | | | |
| 03 Residential Facility 31 Jewelry Store 45 Lake/Waterway | | | | | |
| 04 Other Residential 32 Clothing Store 46 Field/Woods | | | | | |
| 05 Garage/Shed 33 Drugstore 47 Street | | | | | |
| PUBLIC ACCESS BLDGS. 34 Liquor Store 48 Parking Lot | | | | | |
| 06 Transit Facility 35 Shopping Mall 49 Park/Playground | | | | | |
| 07 Government Office 36 Sporting Goods 50 Cemetery | | | | | |
| 08 School 37 Grocery/Supermarket 51 Public Transit Vehicle | | | | | |
| 09 College 38 Variety/Convenience 52 Other Outside Location | | | | | |
| 10 Church 39 Department Store | | | | | |
| 11 Hospital 40 Other Retail Store 77 Other | | | | | |
| *SUSPECTED OF USING | | | | | |
| A <input type="checkbox"/> ALCOHOL | | | | | |
| D <input type="checkbox"/> DRUGS | | | | | |
| C <input type="checkbox"/> COMPUTER EQUIPMENT | | | | | |
| *TYPE WEAPON/FORCE USED | | | | | |
| 1. 40 2. 3. | | | | | |
| *METHOD OF ENTRY | | | | | |
| 1 <input type="checkbox"/> FORCE 01 <input type="checkbox"/> Motor Running/Keys in Car 06 <input type="checkbox"/> Hot Wire | | | | | |
| 2 <input checked="" type="checkbox"/> NO FORCE 02 <input type="checkbox"/> Unlocked 07 <input type="checkbox"/> Slim Jim/Coat Hanger | | | | | |
| 03 <input type="checkbox"/> Duplicate Key Used 08 <input type="checkbox"/> Tumblers Removed | | | | | |
| 04 <input type="checkbox"/> Window Broken 09 <input type="checkbox"/> Column Peeled | | | | | |
| 05 <input type="checkbox"/> Towed 10 <input type="checkbox"/> Ignition Peeled | | | | | |
| ENTRY EXIT ENTRY EXIT ENTRY EXIT | | | | | |
| 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 1 <input type="checkbox"/> DOOR <input type="checkbox"/> 1 <input type="checkbox"/> FRONT <input type="checkbox"/> | | | | | |
| 2 <input type="checkbox"/> 1ST FLOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 2 <input type="checkbox"/> SIDE <input type="checkbox"/> | | | | | |
| 3 <input type="checkbox"/> 2ND FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 3 <input type="checkbox"/> REAR <input type="checkbox"/> | | | | | |
| 4 <input type="checkbox"/> OTHER <input type="checkbox"/> 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 4 <input type="checkbox"/> ROOF <input type="checkbox"/> | | | | | |
| 5 <input type="checkbox"/> OTHER <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/> | | | | | |
| METHODS OF OPERATION | | | | | |
| *NO 1 *TOTAL 5 *VICTIM TYPE | | | | | |
| 1 1 5 1 <input checked="" type="checkbox"/> INDIVIDUAL F <input type="checkbox"/> FINANCIAL INSTITUTION P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) S <input type="checkbox"/> SOCIETY O <input type="checkbox"/> OTHER | | | | | |
| B <input type="checkbox"/> BUSINESS G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS ORGANIZATION U <input type="checkbox"/> UNKNOWN | | | | | |
| NAME (Last, First, Middle) SMITH DAVID LOWELL | | | | | |
| ADDRESS (Street, Apt., City, State, Zip) 717 BUCKEYE ST HAMILTON OH 45011 | | | | | |
| PHONE 000-000-0000 | | | | | |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE | | | | | |
| *AGE/DOB 4/3/2000 19 *SEX M *RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U ETHNICITY HGT 600 WGT 180 HAIR BRO EYES BRO | | | | | |
| OCCUPATION SSN ***** | | | | | |
| *VICTIM <input type="checkbox"/> Y IF INJURED, DESCRIBE INJURIES: None | | | | | |
| *AGG. ASSAULT/ HOMICIDE CIRC *VICTIM/SUSPECT RELATIONSHIP 0 1 ST 2 VO 3 OK 4 5 | | | | | |
| *VICTIM/OFFENSE LINK 2903.13 | | | | | |
| My signature verifies that the information on this report is accurate and true | | | | | |
| DATE | | | | | |
| REPORTING OFFICER JOHNSON KATHERINE R #135 | | | | | |
| BADGE NO. H1141 DATE 10/11/2019 | | | | | |
| APPROVING OFFICER GLEASON BRIAN D #281 | | | | | |
| BADGE NO. H1108 DATE 10/11/2019 | | | | | |
| FOLLOW-UP? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, follow-up Assignment: H1119 | | | | | |
| ADDITIONAL SUPPLEMENTS <input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> PROPERTY <input type="checkbox"/> STATEMENTS <input type="checkbox"/> FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> RECORDS | | | | | |
| SPECIAL COPIES | | | | | |

OHIO UNIFORM INCIDENT REPORT PART 2

| | | | | | | | | | | | | | |
|---|---|--|---|---|--|--|---|--|--|---|---|--|--|
| INCIDENT NUMBER 19-196164 | | | | INCIDENT DATE AND TIME 10 11 2019 12:20:00 AM | | | | | | | | | |
| REPORTER | NO. 1 | NAME (Last, First, Middle) Same as Victim | | | | AGE/ D.O.B. | SSN | | | | | | |
| | ADDRESS (Street, Apt., City, State, Zip) | | | | | | PHONE | | | | | | |
| | EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) | | | | | | PHONE | | | | | | |
| | STATEMENTS OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER | | | | | | | | | | | | |
| VEHICLE | CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTHORIZED USE <input type="checkbox"/> ABANDONED | | | | | | | | | | | | |
| | NO. | <input type="checkbox"/> DAMAGE TO VEHICLE | LIC | LIS | LIY | LIT | VIN/OAN | | | | | | |
| | | <input type="checkbox"/> THEFT FROM VEHICLE | | | | | *VALUE | | | | | | |
| | VYR | VMA | VMO | VST | VCO TOP BOTTOM | VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N | KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | |
| | | | | | | HOLD VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N | RELEASE <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | |
| | VEHICLE ASSOC. W/ SUSPECT NO. | VEHICLE ASSOC. W/ VICTIM NO. | VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N | TOWED BY | OWNERSHIP VERIFIED BY: | TAG RECEIPT <input type="checkbox"/> TITLE <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER <input type="checkbox"/> | | | | | | | |
| | STOLEN MOTOR VEHICLE ONLY | NO. STOLEN | AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL <input type="checkbox"/> | RESID. <input type="checkbox"/> Y <input type="checkbox"/> N | ADDITIONAL DESCRIPTION | | | | | | | | |
| | AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip) | | | | | | PHONE | | | | | | |
| | MOTOR VEHICLE RECOVERY ONLY | NO. RECOVERED | DATE REC. | STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | | | | |
| | WHERE RECOVERED? | | | | | | | | | | | | |
| PROPERTY | TYPE PROPERTY 1 NONE 3 COUNTERFEITED/FORGED 5 STOLEN/ETC 7 RECOVERED P PHOTO TOTAL VALUE | | | | | | | | | | | | |
| | LOSS/ETC (enter codes below) 2 BURNED 4 DESTROYED/DAMAGED/VANDALIZED 6 SEIZED U UNKNOWN E EVIDENCE \$0.00 | | | | | | | | | | | | |
| | *LOSS CODE | QUANTITY | DESCRIPTION | | | | *PROP CODE | | | | | | |
| | VICT. NO. | VEH. NO. | MAKE/BRAND | | | | DATE RECOVERED | | | | | | |
| | RELATED OFFENSE | SERIAL NUMBER | | NCIC NUMBER | | OTHER NUMBER | | | | | | | |
| | *LOSS CODE | QUANTITY | DESCRIPTION | | | | *PROP CODE | | | | | | |
| | VICT. NO. | VEH. NO. | MAKE/BRAND | | | | DATE RECOVERED | | | | | | |
| | RELATED OFFENSE | SERIAL NUMBER | | NCIC NUMBER | | OTHER NUMBER | | | | | | | |
| | *LOSS CODE | QUANTITY | DESCRIPTION | | | | *PROP CODE | | | | | | |
| | VICT. NO. | VEH. NO. | MAKE/BRAND | | | | DATE RECOVERED | | | | | | |
| | RELATED OFFENSE | SERIAL NUMBER | | NCIC NUMBER | | OTHER NUMBER | | | | | | | |
| | *LOSS CODE | QUANTITY | DESCRIPTION | | | | *PROP CODE | | | | | | |
| | VICT. NO. | VEH. NO. | MAKE/BRAND | | | | DATE RECOVERED | | | | | | |
| | RELATED OFFENSE | SERIAL NUMBER | | NCIC NUMBER | | OTHER NUMBER | | | | | | | |
| | *LOSS CODE | QUANTITY | DESCRIPTION | | | | *PROP CODE | | | | | | |
| | VICT. NO. | VEH. NO. | MAKE/BRAND | | | | DATE RECOVERED | | | | | | |
| | RELATED OFFENSE | SERIAL NUMBER | | NCIC NUMBER | | OTHER NUMBER | | | | | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> PROPERTY CODES: EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 07 Other Documents </td> <td style="vertical-align: top;"> VALUABLES 08 Jewelry/Precious Metals 09 Art Objects, Antiques 10 Other Valuables PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects HOUSEHOLD ITEMS 14 Household Items </td> <td style="vertical-align: top;"> EQUIPMENT 15 Drug/Narcotic Equip. 16 Gambling Equipment 17 Computer Hardware/Soft 18 Office Equipment 19 Stereo TV Equip. 20 Recordings-Audio Visual 21 Sports Equipment 22 Photographic Equipment 23 Farm Equipment 24 Heavy Construction/Industrial 25 Building Supplies-Const. </td> <td style="vertical-align: top;"> 26 Tools 27 Vehicle Parts/Accessories 28 School Supplies 29 Other Equipment CONSUMABLE ITEMS 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods ANIMALS 33 Livestock 34 Household Pets </td> <td style="vertical-align: top;"> VEHICLES 35 Aircraft 36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Vehicle 43 Other Motor Vehicle WEAPONS 44 Firearms 45 Other Weapons </td> <td style="vertical-align: top;"> STRUCTURES 46 Single Occupancy 47 Other Dwellings 48 Commercial/Business 49 Indus./Mfg. 50 Public/Community 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory </td> </tr> </table> | | | | | | | PROPERTY CODES: EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 07 Other Documents | VALUABLES 08 Jewelry/Precious Metals 09 Art Objects, Antiques 10 Other Valuables PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects HOUSEHOLD ITEMS 14 Household Items | EQUIPMENT 15 Drug/Narcotic Equip. 16 Gambling Equipment 17 Computer Hardware/Soft 18 Office Equipment 19 Stereo TV Equip. 20 Recordings-Audio Visual 21 Sports Equipment 22 Photographic Equipment 23 Farm Equipment 24 Heavy Construction/Industrial 25 Building Supplies-Const. | 26 Tools 27 Vehicle Parts/Accessories 28 School Supplies 29 Other Equipment CONSUMABLE ITEMS 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods ANIMALS 33 Livestock 34 Household Pets | VEHICLES 35 Aircraft 36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Vehicle 43 Other Motor Vehicle WEAPONS 44 Firearms 45 Other Weapons | STRUCTURES 46 Single Occupancy 47 Other Dwellings 48 Commercial/Business 49 Indus./Mfg. 50 Public/Community 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory |
| | PROPERTY CODES: EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 07 Other Documents | VALUABLES 08 Jewelry/Precious Metals 09 Art Objects, Antiques 10 Other Valuables PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects HOUSEHOLD ITEMS 14 Household Items | EQUIPMENT 15 Drug/Narcotic Equip. 16 Gambling Equipment 17 Computer Hardware/Soft 18 Office Equipment 19 Stereo TV Equip. 20 Recordings-Audio Visual 21 Sports Equipment 22 Photographic Equipment 23 Farm Equipment 24 Heavy Construction/Industrial 25 Building Supplies-Const. | 26 Tools 27 Vehicle Parts/Accessories 28 School Supplies 29 Other Equipment CONSUMABLE ITEMS 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods ANIMALS 33 Livestock 34 Household Pets | VEHICLES 35 Aircraft 36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Vehicle 43 Other Motor Vehicle WEAPONS 44 Firearms 45 Other Weapons | STRUCTURES 46 Single Occupancy 47 Other Dwellings 48 Commercial/Business 49 Indus./Mfg. 50 Public/Community 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory | | | | | | | |
| | STATEMENT OF FACTS | | | | | | | | | | | | |
| On the above date during the above listed times the victims state that they were assaulted by the suspects. | | | | | | | | | | | | | |

OHIO VICTIM/WITNESS

| | | | |
|--|---------------------|---|--|
| INCIDENT NUMBER 19-196164 | | INCIDENT DATE AND TIME 10 11 2019 12:20:00 AM | |
| *NO 2 | *TOTAL 5 VICTIMS | *VICTIM TYPE | <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> SOCIETY <input type="checkbox"/> OTHER <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> UNKNOWN |
| NAME (Last, First, Middle) Snyder Jason | | | |
| ADDRESS (Street, Apt., City, State, Zip) 843 Dayton St Hamilton OH 45011- | | | PHONE 000-000-0000 |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) | | | PHONE |
| *AGE/1/27/1978 DOB | *SEX M | *RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> U | ETHNICITY |
| OCCUPATION | | SSN ***** | *RESIDENT 1 <input checked="" type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN |
| *VICTIM <input checked="" type="checkbox"/> Y IF INJURED, DESCRIBE INJURIES: None cut to the face *AGG ASSAULT/ HOMICIDE CIRC | | | |
| *VICTIM/SUSPECT RELATIONSHIP 0 _____ 1 SB 2 OK 3 VO 4 _____ 5 _____ | | *VICTIM/OFFENSE LINK 2903.11 | |
| My signature verifies that the information on this report is accurate and true | | | |
| DATE _____ | | | |
| *NO 3 *TOTAL 5 VICTIMS *VICTIM TYPE <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> SOCIETY <input type="checkbox"/> OTHER <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> UNKNOWN | | | |
| NAME (Last, First, Middle) Snyder Justin | | | |
| ADDRESS (Street, Apt., City, State, Zip) 308 N. 7th Hamilton OH 45011- | | | PHONE 803-847-0641 |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) | | | PHONE |
| *AGE/9/6/1979 DOB | *SEX M | *RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> U | ETHNICITY |
| OCCUPATION | | SSN ***** | *RESIDENT 1 <input checked="" type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN |
| *VICTIM <input checked="" type="checkbox"/> Y IF INJURED, DESCRIBE INJURIES: Apparent Minor Injury cut to hand *AGG ASSAULT/ HOMICIDE CIRC | | | |
| *VICTIM/SUSPECT RELATIONSHIP 0 _____ 1 ST 2 VO 3 SB 4 _____ 5 _____ | | *VICTIM/OFFENSE LINK 2903.13 | |
| My signature verifies that the information on this report is accurate and true | | | |
| DATE _____ | | | |
| NO. 1 NAME (Last, First, Middle) SPOONSTER TIM *AGE/1/23/1955 D.O.B. 64 SSN ***** | | | |
| ADDRESS (Street, Apt., City, State, Zip) 819 Dayton St Hamilton OH 45011- | | | PHONE 937-609-0890 |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) | | | PHONE |
| STATEMENTS OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER | | | |
| NO. 2 NAME (Last, First, Middle) MOON SEAN *AGE/4/6/2000 D.O.B. 19 SSN ***** | | | |
| ADDRESS (Street, Apt., City, State, Zip) 19 N 6TH ST HAMILTON OH 45011- | | | PHONE 937-825-4187 |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) | | | PHONE |
| STATEMENTS OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER | | | |
| NO. NAME (Last, First, Middle) *AGE/ D.O.B. SSN | | | |
| ADDRESS (Street, Apt., City, State, Zip) | | | PHONE |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) | | | PHONE |
| STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER | | | |
| NO. NAME (Last, First, Middle) *AGE/ D.O.B. SSN | | | |
| ADDRESS (Street, Apt., City, State, Zip) | | | PHONE |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) | | | PHONE |
| STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER | | | |
| NO. NAME (Last, First, Middle) *AGE/ D.O.B. SSN | | | |
| ADDRESS (Street, Apt., City, State, Zip) | | | PHONE |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) | | | PHONE |
| STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER | | | |
| REPORTING OFFICER JOHNSON KATHERINE R #135 APPROVING OFFICER GLEASON BRIAN D #281 | | | |
| BADGE NO. H1141 | | DATE 10/11/2019 | |
| BADGE NO. H1108 | | DATE 10/11/2019 | |

OHIO VICTIM/WITNESS

| | | | |
|--|----------------------------|---|--|
| INCIDENT NUMBER 19-196164 | | INCIDENT DATE AND TIME 10 11 2019 12:20:00 AM | |
| *NO 4 | *TOTAL 5 VICTIMS | *VICTIM TYPE | <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> SOCIETY <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN |
| NAME (Last, First, Middle) SPOONSTER TIM | | | |
| ADDRESS (Street, Apt., City, State, Zip) 819 Dayton St Hamilton OH 45011- | | | PHONE 937-609-0890 |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) | | | PHONE |
| *AGE/ D.O.B. | 1/23/1955 64 | *SEX M | *RACE <input type="checkbox"/> B <input type="checkbox"/> A <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U ETHNICITY HGT 508 WGT 180 HAIR U EYES U |
| OCCUPATION | | SSN ***** | *RESIDENT 1 <input checked="" type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN |
| *VICTIM <input checked="" type="checkbox"/> Y IF INJURED, DESCRIBE INJURIES: Apparent Minor Injury cut to nose *AGG. ASSAULT/ HOMICIDE CIRC | | | |
| *VICTIM/SUSPECT RELATIONSHIP 0 ____ 1 UU 2 OK 3 OK 4 ____ 5 ____ | | *VICTIM/OFFENSE LINK 2903.13 | |
| My signature verifies that the information on this report is accurate and true | | | |
| DATE | | | |
| *NO 5 | *TOTAL 5 VICTIMS | *VICTIM TYPE | <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> SOCIETY <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN |
| NAME (Last, First, Middle) SNYDER JEFFREY | | | |
| ADDRESS (Street, Apt., City, State, Zip) 5280 W DALTON Drive FAIRFIELD OH 45014 | | | PHONE 330-581-3392 |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) | | | PHONE |
| *AGE/ D.O.B. | 5/23/1952 67 | *SEX M | *RACE <input type="checkbox"/> B <input type="checkbox"/> A <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U ETHNICITY HGT WGT HAIR EYES |
| OCCUPATION | | SSN | *RESIDENT 1 <input checked="" type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN |
| *VICTIM <input type="checkbox"/> Y IF INJURED, DESCRIBE INJURIES: None *AGG. ASSAULT/ HOMICIDE CIRC | | | |
| *VICTIM/SUSPECT RELATIONSHIP 0 ____ 1 OK 2 PA 3 PA 4 ____ 5 ____ | | *VICTIM/OFFENSE LINK 2901.11 | |
| My signature verifies that the information on this report is accurate and true | | | |
| DATE | | | |
| NO. | NAME (Last, First, Middle) | | *AGE/ D.O.B. |
| ADDRESS (Street, Apt., City, State, Zip) | | SSN | |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) | | PHONE | |
| STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER | | | |
| NO. | NAME (Last, First, Middle) | | *AGE/ D.O.B. |
| ADDRESS (Street, Apt., City, State, Zip) | | SSN | |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) | | PHONE | |
| STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER | | | |
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| STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER | | | |
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| STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER | | | |
| REPORTING OFFICER JOHNSON KATHERINE R #135 | | BADGE NO. H1141 | DATE 10/11/2019 |
| APPROVING OFFICER GLEASON BRIAN D #281 | | BADGE NO. H1108 | DATE 10/11/2019 |

OHIO NARRATIVE

INCIDENT NUMBER 19-196164

INCIDENT DATE AND TIME

10

11

2019

12:20:00 AM

SUPPLEMENT REPORT

Victim #1 stated that he was sitting in his car when suspect #1 came over to his car, with 3 other men, and began pounding on it. He states that he got out of his car, and suspect #1 got in his face, and grabbed him by the shirt and pushed him, and that is what started the fight, he had no injuries. Victim #2 was unable to state what happened, he had a cut to his face, and arms, when officers arrived on scene he was laying on the ground, he also had a strong odor of alcohol about his person. Victim #2 was transported to Fort Hamilton Hospital by Medic 25. Victim #3 states a hispanic male, then later stated that a black male not on scene attacked him with a knife, cutting his hand, but also states that the male had a gun that he pointed at himself and his family, he had an odor of marijuana about his person, he refused medical treatment and said he would take himself to get it treated. Victim #4/Witness #1 states that the black male that wasn't on scene, never showed a gun, but did have his hand in his pocket the entire time, and he watched him because of this. He also states that victim #1 pushed victim #2 and that is what started the entire physical fight. Witness #2 states the same story as victim #1. Victim #4 had a cut to his nose, but refused medical treatment.

Victim #3 states that he has been having problems with people throwing things through his windows. Tonight he saw a male in a grey sweat shirt, walking a black dog through his yard, and that was why he went over to confront victim #1.

Pictures of Victim 3 and 4 are in PO Kinser 163's evidence folder.

Lt. Pratt attempted to respond to Ft. Hamilton ER to speak with Victim 2 and take photographs but he had already been discharged from the hospital. Lt. Pratt then responded to Victim 2's home and attempted to make contact. There was no answer.

Victim 1 did not have a good contact number.

| | | | | | |
|-------------------|---|--|--|--------------------------------------|-----------------|
| REASON CLEARED | A <input type="checkbox"/> DEATH OF OFFENDER | D <input type="checkbox"/> VICTIM REFUSED TO COOP. | G <input type="checkbox"/> ARREST - JUVENILE | J <input type="checkbox"/> CLOSED | DATE CLEARED |
| | B <input type="checkbox"/> PROSECUTION DECLINED | E <input type="checkbox"/> JUVENILE/NO CUSTODY | H <input type="checkbox"/> WARRANT ISSUED | K <input type="checkbox"/> UNFOUNDED | |
| | C <input type="checkbox"/> EXTRADITION DENIED | F <input type="checkbox"/> ARREST - ADULT | I <input type="checkbox"/> INVEST. PENDING | U <input type="checkbox"/> UNKNOWN | |
| REPORTING OFFICER | JOHNSON KATHERINE R #135 | | | BADGE NO. H1141 | DATE 10/11/2019 |
| APPROVING OFFICER | GLEASON BRIAN D #281 | | | BADGE NO. H1108 | DATE 10/11/2019 |

OHIO NARRATIVE

INCIDENT NUMBER 19-196164

INCIDENT DATE AND TIME

10

11

2019

12:20:00 AM

SUPPLEMENT REPORT

Jason Snyder did participate in a verbal altercation with multiple parties in the street in the 700-blk of Buckeye St. Jason Snyder was initially listed only as Victim #2, but due to the cross complaint he is also being listed as a suspect in this incident.

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|-------------------|---|--|--|--------------------------------------|-----------------|
| REASON CLEARED | A <input type="checkbox"/> DEATH OF OFFENDER | D <input type="checkbox"/> VICTIM REFUSED TO COOP. | G <input type="checkbox"/> ARREST - JUVENILE | J <input type="checkbox"/> CLOSED | DATE CLEARED |
| | B <input type="checkbox"/> PROSECUTION DECLINED | E <input type="checkbox"/> JUVENILE/NO CUSTODY | H <input type="checkbox"/> WARRANT ISSUED | K <input type="checkbox"/> UNFOUNDED | |
| | C <input type="checkbox"/> EXTRADITION DENIED | F <input type="checkbox"/> ARREST - ADULT | I <input type="checkbox"/> INVEST. PENDING | U <input type="checkbox"/> UNKNOWN | |
| REPORTING OFFICER | JOHNSON KATHERINE R #135 | | | BADGE NO. H1141 | DATE 10/11/2019 |
| APPROVING OFFICER | GLEASON BRIAN D #281 | | | BADGE NO. H1108 | DATE 10/11/2019 |

OHIO NARRATIVE

INCIDENT NUMBER 19-196164 INCIDENT DATE AND TIME 10 11 2019 12:20:00 AM

SUPPLEMENT REPORT

Det. Barker spoke with Jeffrey Snyder (DOB:5/23/52) this morning regarding the events he allegedly witnessed taking place in the 700-blk of Buckeye St. on the morning of 10/11/19.

Det. Barker initially received a voicemail from Jeffrey on 10/11/19 at 1204 indicating that he was witness to the events that occurred regarding his son, Jason Snyder being struck, as well as his other son, Justin Snyder having been cut. The voicemail is approximately 50 seconds long, but the part in which Jeffrey is speaking is only around 30 seconds. During this voicemail, Jeffrey did not indicate that he had been assaulted as well.

When Det. Barker spoke with Jason Snyder on 10/14/19 at approximately 1049 was the first time that anyone had indicated to Det. Barker that Jeffrey had also been assaulted on the morning this incident occurred.

Det. Barker called and spoke with Jeffrey at approximately 1101. The phone call was recorded in its entirety via the ShoreTel phone system. Det. Barker was on the phone with Jeffrey for approximately 12 minutes, during which time Jeffrey never mentioned having been assaulted. Det. Barker asked Jeffrey at that point if he was a part of the altercation or if he was just a witness to it, at which point Jeffrey then advised that he was "sucker punched by a black kid". Once that statement was made Det. Barker obtained all of Jeffrey's identifying information so that he could be added to the report as a victim of this incident.

Name: Jeffrey Snyder

DOB: 5/23/52

Address: 5280 W. Dalton Dr. Fairfield, OH 45014

PX: 330-581-3392

During the conversation, Jeffrey indicated that he would be able to identify subjects that attacked both Jason and Justin were he presented with a lineup.

| | | | | | |
|-------------------|---|--|--|--------------------------------------|-----------------|
| REASON CLEARED | A <input type="checkbox"/> DEATH OF OFFENDER | D <input type="checkbox"/> VICTIM REFUSED TO COOP. | G <input type="checkbox"/> ARREST - JUVENILE | J <input type="checkbox"/> CLOSED | DATE CLEARED |
| | B <input type="checkbox"/> PROSECUTION DECLINED | E <input type="checkbox"/> JUVENILE/NO CUSTODY | H <input type="checkbox"/> WARRANT ISSUED | K <input type="checkbox"/> UNFOUNDED | |
| | C <input type="checkbox"/> EXTRADITION DENIED | F <input type="checkbox"/> ARREST - ADULT | I <input type="checkbox"/> INVEST. PENDING | U <input type="checkbox"/> UNKNOWN | |
| REPORTING OFFICER | JOHNSON KATHERINE R #135 | | | BADGE NO. H1141 | DATE 10/11/2019 |
| APPROVING OFFICER | GLEASON BRIAN D #281 | | | BADGE NO. H1108 | DATE 10/11/2019 |